MONTANA VITAL STATISTICS 111 N SANDERS RM 209 / PO BOX 4210 HELENA, MONTANA 59604-4210

Phone: 1-888-877-1946/Fax: 1-866-696-1912

PLEASE READ THESE INSTRUCTIONS CAREFULLY

WHO CAN ORDER A BIRTH CERTIFICATE?

Only those authorized by 50-15-121 MCA, which includes the registrant (14 years old or older), the registrant's spouse, children, parents, or guardian, or an authorized representative, or those who provide documentation showing it is needed for determination or protection of the individuals personal or property rights, proof of relationship, guardianship, or authorization is required may obtain certify copy of a birth record.

Step-relatives, in-laws, grandparents, aunts, uncles, cousins, ex-spouses, and a natural parent of an adoptive child are not eligible to receive a certified copy of a birth certificate.

IDENTIFICATION IS REQUIRED

The person signing the request must provide an enlarged legible photocopy of both sides of their valid driver's license or other legal picture identification with a signature or the requestor must have this application notarized.

me requestor mast have a	S	uggested Identification	
Picture ID with a Sign		ID- One Must have a Signature	OR OF SVI
 Driver's License State ID Card Passport Military ID Card Tribal 	Sociall Security Card Work ID card Car registration/insurance Doctor/Medical Record Fishing License US Military DD214 Utility Bill with a current addres Voter Registration Card	Credit/Debit/ATM Card School ID card Library Card Insurance Record Pay Stub Traffic/Pawn ticket Court record Year Book	 Notarized Montana Office of Vital Statistic Statement to Identify certified Birth or Death Certificate Applicant For (you must provide the original letter, not photocopy or faxed copy) Have authorized family member that has an ID order the certificate
IMPORTANT: If the	nature is not available, two othe rforms of identification requirement is NOT met observed your order may occur.	cation are required, one MUST have a sirif the application is incomplete, y	gnature. your request will be returned and
• WALLET-SIZE Cost the certificate is offered in St. 50. (non-refundab	OF A BIRTH CERTIFICATE cost \$5.00 for each copy (the acceptance of the walled as evidence). COPIES OF A BIRTH CERTIFICATE may be	et size certificate is determined by the j	udicial or administrative body before whom curred 30 years prior to the date of application, the cost
Please complete t	he following information.		
FULL First, Middle an	nd Last Name on Birth Certificate:		
Has name ever been ch	nanged other than marriage No	Yes if so original name	
Date of Birth:		_ Place of Birth (City or County):	
	Name:	11 . C	*J-J
Father's Full Name:		# of co	opies needed
Your relationship to th	e certificate holder:	" 6	sen, momer, ramer etc)
Reason the Birth Cert	ificate is needed:	# of copies_	self, mother, father etc)
Mailing or Delivery	v Address:		
Name:		Applicant's Signature:	
Address:			
City State Zin:		Daytime Telephone	Number:
	MONEY ORDER OR CASH TO:	CLERK & RECORDER 155 W GRANITE RM 2 BUTTE MT 59701	
	N	otary (For use if need)	
	persor	nally appeared before me and whose iden	tity I proved on the basis of satisfactory evidence to be the
signer of the above instru		-	·
Subscribed and swo	rn to before me this day o	of20	Official Use Only
	Signature:		Date
	Printed Name:		Rec#
CTCAT	Notary Public in and for the Stat	te of	Amount
SEAL	Residing atMy con	omission Expires	Cert #
	residing atrij tol		Cor #

NOTICE: STATE LAW PROVIDES PENALTIES FOR PERSONS WHO WILLFULLY AND KNOWINGLY USE OR ATTEMPT TO USE THIS CERTIFICATE FOR ANY PURPOSE OF DECEPTION. (50-15-114, MCA)

Comment